

Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Division of Health Professions Licensure  
Board of Registration in Nursing  
239 Causeway Street • Boston, Massachusetts 02114  
617-727-9961

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To: Administrator, Board-approved Nursing Education Program  
From: Massachusetts Board of Registration in Nursing  
Date: August 20, 2004  
Re: **2003-2004 Annual Report** to the Board of Registration in Nursing

Enclosed please find the required forms for your 2004 Annual Report to the Massachusetts Board of Registration in Nursing (Board). The report, required in compliance with regulation 244 CMR 6.05(3)(b), serves as your application to the Board for continuation of your program's Full Approval status. The report is designed to reflect program compliance with the regulations at 244 CMR 6.04: Standards for Nursing Education Program Approval during the 2003-2004 academic year. It is a legal record that is retained permanently by the Board.

The report form will also be available from the Board's website at <http://www.mass.gov/reg/boards/rn> (click on Applications and Forms). You can download the form onto your personal computer and use it to enter program specific information. Return a signed hard copy of the completed report to the Board office by **November 1, 2004**. To receive written confirmation of the Board's receipt of your completed Annual Report, please use U.S. Postal Service Registered Mail. The Board will notify you and the executive officer of your parent institution in writing of the program's 244 CMR 6.05(3)(b) approval status.

### **General Points**

1. Submit only requested information and data.
2. Insure that all reported information is accurate. Any question or section that does not apply to your program should be entered as "N/A" - do not leave blanks. Kindly do not place the report in a binder or cover.
3. Complete the "Preceptors" form only if your program includes precepted learning activities (ref: Board Guidelines for Clinical Education Experiences).
4. Include a copy of the current institution catalog/bulletin.
5. Attach the curriculum plan(s) in effect during the 2003-2004 academic year. Plan(s) must identify all courses, allocation of clock hours to each course, and the distribution of hours to class, laboratory, and clinical. Plan(s) must identify semester/term and year in which each course is provided.
6. Attach a notice of program changes made during the 2003-2004 academic year that did not require Board approval prior to implementation (e.g. increase in number of admissions; increase in program length; addition of part-time format), as required at 244 CMR 6.07(3).
7. Program information including address, telephone number and the names of the chief executive officer and nurse administrator, is used in official Board correspondence and is published by the Board.

*The mission of the Massachusetts Board of Registration in Nursing is to lead in the protection of the health, safety and welfare of the citizens of the Commonwealth through the fair and consistent application of the statutes and regulations governing nursing practice and nursing education.*

# **MASSACHUSETTS BOARD OF REGISTRATION IN NURSING**

## **244 CMR 6.01: Definitions**

### Accreditation:

Institutional Accreditation means the formal recognition or acceptance of the parent institution by a regional or professional accrediting agency.

Program Accreditation means the formal recognition or acceptance of the nursing education program by a specialized professional accrediting agency recognized as such by the United States Department of Education.

Administrator means the Registered Nurse designated the administrative authority and responsibility for the nursing education program.

Approval Status means the written legal recognition by the Board that a nursing education program is authorized to operate.

Chief Executive Officer means the individual designated the administrative authority and responsibility for the parent institution.

CMR means Code of Massachusetts Regulations.

Cooperating Agency means an agency or facility which provides services or clinical resources, or both, which contribute to the achievement of the clinical objectives of the nursing education program.

Curriculum means a planned sequence of course offerings and learning experiences which comprise the nursing education program.

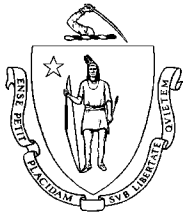
Faculty means the person or body of persons employed within a nursing education program having the responsibility for the development, implementation and evaluation of the program of learning including its services, policies and procedures, student evaluation and curriculum.

M.G.L. means Massachusetts General Laws.

Parent Institution means the organization which has the legal authority to operate a nursing education program.

Survey means a review of a nursing education program by the Board to determine the program's compliance with 244 CMR 6.04

A copy of 244 CMR 6.00: Approval of Nursing Education Programs and the General Conduct Thereof is available at [www.state.ma.us/reg/boards/rn](http://www.state.ma.us/reg/boards/rn) (see Rules and Regulations).



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**2004 ANNUAL REPORT TO THE BOARD OF REGISTRATION IN NURSING**  
**Academic Year 2003-2004**  
**244 CMR 6.05 (3) (b)**

**NURSING EDUCATION PROGRAMS PREPARING GRADUATES FOR  
REGISTERED NURSE AND PRACTICAL NURSE LICENSURE**

**General Information**

**1. Nursing Education Program**

a. Program Type:

- |                                   |                                               |                             |                                               |
|-----------------------------------|-----------------------------------------------|-----------------------------|-----------------------------------------------|
| <input type="checkbox"/> PN       | <input type="checkbox"/> Community College    | <input type="checkbox"/> RN | <input type="checkbox"/> Diploma              |
|                                   | <input type="checkbox"/> Vocational Secondary |                             | <input type="checkbox"/> Associate Degree     |
| <input type="checkbox"/> Hospital |                                               |                             | <input type="checkbox"/> Baccalaureate Degree |
|                                   |                                               |                             | <input type="checkbox"/> Masters Degree       |

b. Legal Name: \_\_\_\_\_

c. Address: \_\_\_\_\_

d. Telephone: \_\_\_\_\_

e. Email: \_\_\_\_\_

f. Fax Number: \_\_\_\_\_

g. Nurse Administrator Name, Credentials and Title: \_\_\_\_\_

Email: \_\_\_\_\_

h. Year established: \_\_\_\_\_

i. Date of last full *on-site* BORN survey: \_\_\_\_\_

j. Accreditation: NLNAC: ☐ Yes ☐ No Last visit: Fall \_\_\_\_\_ Spring \_\_\_\_\_  
Next visit: Fall \_\_\_\_\_ Spring \_\_\_\_\_

CCNE: ☐ Yes ☐ No Last visit: Fall \_\_\_\_\_ Spring \_\_\_\_\_  
Next visit: Fall \_\_\_\_\_ Spring \_\_\_\_\_

k. Date of NLNAC/CCNE review in lieu of BORN on-site Survey: \_\_\_\_\_

## 2. Governing Body

a. Legal Name: \_\_\_\_\_

b. Executive Officer Name, Credentials and Title:

\_\_\_\_\_

c. Accreditation: JCAHCO: ☐ Yes ☐ No

NEASC: ☐ Yes ☐ No

Other: ☐ Yes ☐ No Specify \_\_\_\_\_

### **Program Formats Offered**

Check all program formats offered by your program. You may check more than one format if your program offers the program in more than one format. If your institution offers the program in a format other than those listed, please check the "other format" box and specify the format offered.

The program is offered as:

a. ☐ Daytime program ☐ Full time  
☐ Part time

b. ☐ Evening program ☐ Full time  
☐ Part time

c. ☐ Combination of evening and weekends ☐ Full time  
☐ Part time

d. ☐ Other format (please specify) \_\_\_\_\_

# BOARD OF REGISTRATION IN NURSING

## Student Numbers

In **Column 1: Admissions** of the table below, report the number of new students matriculated for the first time and identified as nursing majors admissions between September 1, 2003 to August 31, 2004.

In **Column 2: Graduates** of the table below, report the number of students who graduated from the nursing education program between September 1, 2003 to August 31, 2004.

In **Column 3: Enrollment** of the table below, report the total number of students enrolled between September 1, 2003 to August 31, 2004. Enrolled student numbers should be inclusive of all admissions, graduates and the number of students continuing their program of study during the academic year.

	1	2	3
	<b>ADMISSIONS</b>	<b>GRADUATES</b>	<b>ENROLLMENT</b>
	September 1, 2003 through August 31, 2004	September 1, 2003 through August 31, 2004	September 1, 2003 through August 31, 2004
<u>Day Program</u> Full-time			
Part-time			
Subtotal			
<u>Evening Program</u> Full-time			
Part-time			
Subtotal			
<b>TOTAL</b>			

# MASSACHUSETTS BOARD OF REGISTRATION IN NURSING

## Graduates

Students Granted Diplomas During the Year Ending August 31, 2004

	Full Name of Graduate	Length of Time in Program	Date Started	Date Graduated
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
	Subtotal: _____			

Total Last Page: \_\_\_\_\_

# BOARD OF REGISTRATION IN NURSING

## Curriculum (RN Programs)

**244 CMR 6.04 (4) (a) and (b)**

**Please identify course offerings and credit hours:**

	Course Number	Course Title	Credit hours
<b>I. Sciences</b>			
<b>II. Arts</b>			
<b>III. Humanities</b>			
<b>IV. Nursing</b> including Foundations of the Profession			
		<b>TOTAL</b>	

# MASSACHUSETTS BOARD OF REGISTRATION IN NURSING

## Curriculum (PN Programs)

244 CMR 6.04 (4) (a) and (b)

Please identify clock hours and credit hours when applicable:

	Course Number	Course Title	Theory	Laboratory	Clinical	Credit Hours	TOTAL
Sciences							
Arts							
Humanities							
Nursing including Foundations of the Profession							
	NURSING TOTAL						
PROGRAM TOTAL							



# MASSACHUSETTS BOARD OF REGISTRATION IN NURSING

**Cooperating Agency**

**244 CMR 6.04 (1)(e), (2)(b)5, (3)(b), (4)(a), (4)(b)2, 3, 5, and (5)(b), (c), and (f)**

Identify each agency used for one or more experience(s) by all or part of any class. Identify clinical service(s) used, the course, period of use in weeks/year, average number of students assigned at one time and the type of experience provided.

[illegible]

# BOARD OF REGISTRATION IN NURSING

### Cooperating Agency - Preceptors

**244 CMR 6.04 (1)(e), (2)(b)5, (3)(b), (4)(a), (4)(b)2, 3, 5, and (5)(b), (c), and (f)**

Identify each preceptor used for one or more experience by any student. Identify preceptor's Massachusetts license number, month and year of graduation from a baccalaureate or master nursing program, name of cooperative agency used, position title of preceptor, nursing course and number of students assigned at one time.

[illegible]

# MASSACHUSETTS BOARD OF REGISTRATION IN NURSING

## FACULTY 244 CMR 6.04 (2) and (5) a

Name	RN License Number	* Date of Expiration	Date of Initial Appointment	Appointment			Educational Preparation				Waiver
				Present Title/ Rank	Full - time	Part - time	Year	Degree **	Major and Certification Held	Educational Institution	Date Granted/ Waiver Duration

\* Must demonstrate that the license was current during the 2003-2004 academic year

\* \* Please list undergraduate and graduate academic credentials and specify if the major is in nursing or other discipline.



## MASSACHUSETTS BOARD OF REGISTRATION IN NURSING

### 6.07 Board Approval of Specific Nursing Education Program Changes

Yes    No

☐    ☐    I am submitting the attached program changes in compliance with 6.07 (3) requiring Board notification of program changes when submitting the Annual Report

☐    ☐    I have no program changes to report in compliance with 6.07 (3)

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### Person preparing report:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**As program administrator, I certify under the pains and penalties of perjury, that this program complies with those requirements specified in state regulations, 244 CMR 6.00, respective to program type.** If the nursing education program is not in compliance with state regulations, cite the regulations with which the program does not comply, and advise the Board of Registration in Nursing of the program's plan for corrective action, including timeframes.

\_\_\_\_\_  
Print name of nurse administrator

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of nurse administrator

\_\_\_\_\_  
Date

Approved NEC 6/24/98  
Revised BRN 1/9/02